



## Healthcare Quality Reporting Program

### HOSPITAL-ACQUIRED INFECTIONS SUBCOMMITTEE

8-9am, October 17, 2016

Healthcentric Advisors, 235 Promenade Street, Suite 500

#### 1. Welcome & today's meeting objectives (8am)

- Meeting chairs: L. Mermel, S. Viner-Brown
- Program staff: E. Cooper, D. Harris, V. Carroll, T. Mota (via phone)
- Voting members in attendance (10/17): U. Bandy, J. Jefferson, M. Marsella, L. Martino, L. McDonald, R. Neale, E. James, J. Robinson, N. Vallande, C. Vanner
- Other attendees: D. Lewis, R. Reece, M. Mimnagh

#### 2. Review of the previous meeting's action items (8:05am)

- Send recommended information for guidance letter for RIMS to Emily - **Complete**
- Draft guidance letter for RIMS - **Complete**
- Survey Lab Directors for respiratory virus testing information - **Complete**

#### 3. Program Updates (8:10am)

- *HAI Prevention and AMS Coalition*  
Emily began the discussion by noting that the August 25<sup>th</sup> kickoff event was very successful and generated a great deal of interest. The speakers were well received and attendance was at capacity. Moving forward, membership will be split into two categories; the 'Best Practices and Education' group and the 'Policy & Leadership' group. The P&L group will be meeting in March. The BPE group will be meeting on December 7<sup>th</sup> from 8am-noon at the Crowne Plaza where they will be working on the ICAR assessment review and discuss ways to work with the trade organizations to find projects, identify gaps and determine what resources are needed.
- *Changes to QIO work*  
Emily explained that CMS has changed the Hospital Engagement Network (HEN) program funding, de-scoped the HAI work and moved to a Hospital Improvement Innovation Networks (HIIN) format, and Vizient was awarded that contract. Antimicrobial Stewardship has been expanded to outpatient facilities and Healthcentric Advisors will continue to hold HAI collaborative meetings and work with AHA on HAI/HIIN work.
- *Hospital-acquired respiratory illness*  
Discussion ensued regarding surveying all of the acute care hospitals to determine the extent of testing for respiratory viral infections on site or as a send out test
- *Other issues*  
TAP reports that were available through public reporting will now be made available via the



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Department of Health and blinded comparison reports will become available soon. It was noted that the 2015 results are part of baseline for the reports on Hospital Compare.

Dr. Bandy from the Department of Health noted that CRE will become a reportable condition.

**4. Recommendations to Immunization Program (8:30am)**

- *Review draft recommendations (handout)*

Emily stated that in response to prior discussions, she has drafted changes to the Healthcare Worker Masking Requirement When Influenza is Widespread document. While the committee was in favor of the changes overall, there was some concern expressed regarding the type of mask required, as some masks could be more effective than others. Julie Jefferson recommended that Level 2 masks be used for this purpose. Emily asked if Julie could send her the distinction of mask levels of protection for clarification. Upon discussion, the committee felt that Level 2 procedure masks may be the best option across the board. Emily offered to circulate information regarding these masks once obtained from Julie and invited the committee to email her with any additional comments.

**5. Overview of Current HAI-related Projects (8:45am)**

- *Outline of programs (handout)*

Emily reviewed the activities listed in the handout, noting that we currently have 17 facilities working in the CDI Reporting and Reduction project, with 8 facilities in the process of adopting NHSN.

**6. Action Items (8:55am)**

- Circulate information regarding Level 2 procedure masks - Emily

**Next Meeting: December 19, 2016 at Healthcentric Advisors**